



BOYS & GIRLS CLUBS  
OF CARSON

### Scholarship Requirements

1. **Income Verification Documents:** Along with your previous year Tax return, please provide one income verification document from the list below:

- Three months of current pay stubs for earned income
- Eligibility letter for CalWORKs or General Relief;
- Award letter for Social Security Administration (SSA): Retirement, Survivors or Disability income or an award letter for Supplemental Security Income (SSI) income;
- Unemployment Insurance Benefits check stubs;

Note: If you are unable to provide any income verification documents from the list above, please communicate with the Unit Director.

2. **Residence Eligibility Requirement:**

Do you reside in Los Angeles County: **Yes or No (please circle one)**

City and Zip Code of Residence: **(please write-in on the line below)**

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

3. **Residence Verification Documents:** The following documents will be acceptable to verify residence eligibility requirements for the program:

- Mortgage, rent/lease agreement with participant's name and current address
- Gas or Electric bill with participant's name and current address. If participant is a minor, the parent or responsible guardian's name and current address must appear on the documentation
- Other utility bill with participant's name and current address. If participant is a minor, the parent or responsible guardian's name and current address must appear on the documentation

Note: If you are unable to provide any residency verification documents from the list above, please communicate with the Unit Director.

BGCC Office Only – Do Not Fill In

DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_  
MEMBERSHIP #: \_\_\_\_\_  
STAFF INITIALS: \_\_\_\_\_

MONEY ORDER \_\_\_\_\_  
CREDIT CARD \_\_\_\_\_

MEMBERSHIP	\$	_____
SCHOLARSHIP	\$	_____
SDC/WDC/ TRANSPORTATION	\$	_____
TOTAL PAID	\$	_____
Expiration Date	\$	_____

DATE ENTERED INTO VISION SYSTEM: \_\_\_\_/\_\_\_\_/\_\_\_\_



Please **complete** the form and **print clearly**.

The following information is kept confidential and the required data is for self-certification and contact purposes.

**Youth Member Information:**

New Member  Returning Member  (please fill out updated information below)

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Birth Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Gender:  Male  Female School: \_\_\_\_\_  
(Month) (Day) (Year)

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Home Telephone: (\_\_\_\_\_) \_\_\_\_\_

**List all dependents, including yourself, living in the household:**

Full Name	Age	Relationship to Head of Household (Income Earner)

**\*If you need to add additional dependents please use the next page\***

**Financial Support Information:**

List all individuals who provide a source of income for dependents listed above. As a reminder, it is mandatory to submit accurate and complete financial information for scholarship determination. You must submit a copy of your most recent annual tax filing and one additional proof of income from the list on the previous page. Please ensure that your annual income and household size matches your income documentation.

**\$ \_\_\_\_\_ Annual Household Income                      \_\_\_\_\_ Household Size**

**Person 1**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Place of employment: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Gross income: \$ \_\_\_\_\_ ( ) Weekly ( ) Bi-Weekly ( ) Semi-Monthly ( ) Monthly

**Person 2**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Place of employment: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Gross income: \$ \_\_\_\_\_ ( ) Weekly ( ) Bi-Weekly ( ) Semi-Monthly ( ) Monthly

I certify that all of the information provided to Boys & Girls Clubs of Carson is accurate to the best of my knowledge and that I will notify BGCC immediately should any income information change. I understand that falsification of information, continuous late payments, or constant absences may become grounds for termination of financial assistance.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date



Please **complete** the form and **print clearly**.

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**CDBG Income Limits for PY 2024**

**Source: U. S. Department of Housing and Urban Development (HUD)**

**(Based on median family income for Los Angeles-Long Beach-Glendale HUD HMFA Area)**

	1 Person	2 Persons	3 Persons	4 Persons	5 Persons	6 Persons	7 Persons	8 Persons
<i>Extremely Low (0%-30%)</i>	\$26,500	\$30,300	\$34,100	\$37,850	\$40,900	\$43,950	\$46,950	\$50,000
<i>Low (31%-50%)</i>	\$44,150	\$50,450	\$56,750	\$63,050	\$68,100	\$73,150	\$78,200	\$83,250
<i>Moderate (51%-80%)</i>	\$70,650	\$80,750	\$90,850	\$100,900	\$109,000	\$117,050	\$125,150	\$133,200

**List any additional dependents, including yourself, living in the household:**

<b>Full Name</b>	<b>Age</b>	<b>Relationship to Head of Household (Income Earner)</b>

**Applicant Additional Notes:**

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**BGCC Office Use Only:**

**Case Notes:**